# Solution Development & Information Sharing

## **Guidelines for Hospital WMD Procedures**

George Washington Hospital - Joseph Barbera, M.D.

## **Hospital Mass Casualty / WMD Preparedness**

American Hospital Association

# Developing Competency Standards for Physicians, Nurses & Paramedics

American College of Emergency Physicians

# WMD Treatment Protocols Review/Update

Richard Dart, MD (Rocky Mountain Poison Control Center)

# Solution Development & Information Sharing

(Continued)

# Reformulation of Bulk Atropine for Care of Mass Nerve Agent Casualties

Mercer University - Robert Gellar, MD

## **Expedient Victim Decontamination Guidelines**

Philip Chovan (Marietta County, GA), Theodore Jarboe (Montgomery County, MD)

#### **Cold Weather Patient Decontamination**

Mike Nolan (Anchorage MMRS)

#### **Performance Standards for Mass Decontamination**

Technical Support Working Group

#### Guidelines for Hospital WMD Procedures

Developing appropriate methods for the allocation of hospital resources in a mass casualty scenarios which involves a weapon of mass destruction. Contracting with the George Washington University Hospital (Washington, DC), this project focus on in-hospital decontamination and medical practices for mass contaminated patients which present to hospital emergency rooms. This project will also look at realistic and practical guidelines which can assist hospitals and emergency departments as they develop decontamination and triage procedures for mass casualties scenarios which result from a WMD incident.

#### Hospital Mass Casualty / WMD Preparedness

The Office of Emergency Preparedness has contracted with the American Hospital Association to plan an invitational forum to address hospital preparedness for mass casualties, including incidents resulting from terrorism.

Developing Competency Standards for Physicians, Nurses & Paramedics
This project seeks to develop educational objectives, content, curriculum standards
and competency assessments, to support national curricula for the training and
continuing education of nurses, paramedics, and physicians for the emergency care
and definitive treatment of casualties resulting from nuclear, biological, chemical
[NBC] incidents.

#### WMD Treatment Protocols Review/Update

This project will present updated clinical guidelines for the treatment of patients exposed to nuclear, biological or chemical agents as a result of the terrorist use of a weapon of mass destruction. These guidelines will allow providers to identify appropriate treatment regimes for both the undifferentiated and differentiated patient based upon clinical presentation (signs & symptoms) or known exposure to a specific agent(s). The protocols are formatted to meet the specific needs of trauma, emergency department, clinical toxicology and pre-hospital providers.

Reformulation of Bulk Atropine for Care of Mass Nerve Agent Casualties This project will present protocols for the reformulation of bulk atropine sulfate for use in mass casualties incidents involving organophosphate poisoning and/or nerve agent exposure. These protocols have been written to meet the specific needs of hospital based pharmacists providing stocks for physicians faced with an immediate patient demand for atropine sulfate secondary to a terrorist incident involving a nerve agent(s).

#### **Expedient Victim Decontamination Guidelines**

This project has researched expedient methods of decontaminating persons exposed to nuclear, biological and/or chemical agents using existing fire apparatus. This project will present protocols for the adaptation of existing fire services equipment for use in mass decontamination situations.

#### **Cold Weather Patient Decontamination**

As a part of the Anchorage MMST systems development process, the City of Anchorage was tasked to evaluate, develop and test protocols for the decontamination of victims exposed to nuclear, biological and/or chemical agents in cold weather environments. This project will evaluate (1) decontamination technologies (ie. gels, powders, etc.) and practices which could be used in cold weather environments; and (2) ways to modify existing resources to provide mass decontamination in cold (32°C to 20°C) and extreme cold (20°C to -20°C) weather.